GEORGIA DEPARTMENT OF HUMAN RESOURCES ELECTRONIC BENEFITS TRANSFER CONTROL LOG – COUNTY OFFICE EBT CARDS

DATE CARD RECEIVED IN COUNTY	CARD NAME	CARD NUMBER	RECEIVED BY: SIGNATURE	DATE DISPOSITIONED Picked Up Destroyed		DISPOSITIONED BY: SIGNATURE	RECIPIENT SIGNATURE FOR PICKUP/ WITNESS SIGNATURE FOR DESTRUCTION

Form EBT 2 (Rev. 04/04)